

# PROVIDER BULLETIN

No. 10-63

December 15, 2010

TO: Prescribers of Medicaid Covered Drugs and Pharmacists

FROM: Vivianne M. Chaumont, Director   
Division of Medicaid & Long-Term Care

BY: Barbara Mart, R.P., Pharmacy Consultant

RE: Cough and Cold Covered Products

Federal regulations identify cough and cold medications as an optional category for Medicaid programs to cover. The Nebraska Pharmacist Association (NPA) Medicaid Advisory Committee and the DUR Board recently recommended that Nebraska Medicaid expand the covered cough and cold preparations to include antihistamine and decongestant combination products. With the assistance of a committee made up of DUR Board members, the attached list was developed. Brand names have been included on the listing for reference purposes only. Coverage will be limited to generic products. Per federal regulations Medicaid will not cover medications that are being marketed without FDA approval. These drugs include certain carbinoxamine containing products and long-acting guaifenesin tablets.

The attached list will become effective December 15, 2010. Coverage will be limited to listed generic products only. The list was created to aid communication and is not meant to replace coverage information on the Department's website or online POS claim submission. **Requests for cough and cold products not on the list and MC6 forms for brand name products on the list will not be accepted.**

If you have questions regarding this bulletin please contact Barbara Mart, R.P., Pharmacy consultant, at 402-471-9301 or [barbara.mart@nebraska.gov](mailto:barbara.mart@nebraska.gov).

**NEBRASKA MEDICAID COUGH AND COLD COVERED PRODUCTS LIST**

Generic Drug Name	Strength	DESC	Sample Brand Name	SMAC
BENZONATATE	100MG	CAPSULE	TESSALON PERLE 100 MG CAP	0.30000
CODEINE/PROMETHAZINE HCL	10-6.25/5ML	SYRUP	PHENERGAN W/CODEINE SYRUP	0.07500
DEXTROMETHORPHAN/PE/BROMPHENIR	5-2.5-1/5ML	SOLUTION	DIMETAPP DM COLD & COUGH EL	0.03750
D-METHORPHAN HB/PE/CHLORPHENIR	3-3.5-1/ML	DROPS	CARDEC DM DROPS	0.75000
D-METHORPHAN HB/PE/CHLORPHENIR	15-12.5-4/5ML	SYRUP	CARDEC DM SYRUP	0.22500
D-METHORPHAN HB/P-EPD HCL/BPM	15-45-4/5ML	SYRUP	CARBOFED DM SYRUP	0.03000
D-METHORPHAN HB/PROMETH HCL	15-6.25/5ML	SYRUP	PHENERGAN DM SYRUP	0.03000
GUAIFEN/DM HB/P-EPHEDRINE	100-10-30/5ML	SYRUP	ROBAFEN CF SYRUP	0.02700
GUAIFENESIN	100MG/5ML	LIQUID	ORGANIDIN NR 100 MG/5 ML LIQUID	0.02100
GUAIFENESIN	200MG	TABLET	ORGANIDIN NR 200 MG TABLET	0.07500
GUAIFENESIN/CODEINE PHOS	100-10MG/5ML	LIQUID	CHERATUSSIN AC LIQUID	0.11250
GUAIFENESIN/D-METHORPHAN HB	100-10MG/5ML	LIQUID	CHERACOL D COUGH FORMULA	0.02670
GUAIFENESIN/D-METHORPHAN HB	200-20/5ML	ELIXIR	DURATUSS DM ELIXIR	0.04500
GUAIFENESIN/D-METHORPHAN HB	100-10MG/5ML	SYRUP	ROBITUSSIN DM COUGH SYRUP	0.02670
GUAIFENESIN/D-METHORPHAN HB/PE	100-10-5MG	SYRUP	ROBITUSSIN CF	0.03000
GUAIFENESIN/P-EPHED HCL/COD	100-30-10/5ML	SYRUP	RYNA-CX LIQUID	0.07500
GUAIFENESIN/PHENYLEPHRINE HCL	100-7.5/5/ML	SYRUP	QUINTEX LIQUID	0.15000
HYDROCODONE BIT/HOMATROPINE	5-1.5MG/5ML	SYRUP	HYCODAN SYRUP	0.15000
PHENYLEPHRINE HCL	10MG	TABLET	SUDAFED PE 10MG	0.07500
PHENYLEPHRINE HCL/COD/PROMETH	5-10-6.25/5ML	SYRUP	PHENERGAN VC W/CODEINE SYRUP	0.12000
PHENYLEPHRINE/CHLOR-MAL/SCOP	10-2-1.25/5ML	SYRUP	DURADRYL SYRUP	0.07500
PHENYLEPHRINE/CHLOR-MAL/SCOP	10-2-0.625/5ML	SYRUP	DALLERGY SYRUP	0.07500
PHENYLEPHRINE/DHCODEINE BT/CP	7.5-3-2/5ML	SYRUP	PANCOF PD SYRUP	0.13500
PSEUDOEPHEDRINE HCL	15MG/5ML	LIQUID	CHILDS SUDAFED 15MG/5 ML LIQU	0.03000
PSEUDOEPHEDRINE HCL	30MG/5ML	SYRUP	SUDAFED 30MG/5 ML SYRUP	0.02250
PSEUDOEPHEDRINE HCL	120MG	TAB.SR 12H	SUDAFED 12 HOUR 120 MG CAPLT	0.28000
PSEUDOEPHEDRINE HCL	30MG	TABLET	SUDAFED 30MG TABLET	0.05100
PSEUDOEPHEDRINE HCL	60MG	TABLET	SUDAFED 60MG TABLET	0.05250
PSEUDOEPHEDRINE HCL/CHLOR-MAL	60MG-4MG	TABLET	SUDAFED PLUS	0.02750
PSEUDOEPHEDRINE HCL/BROMPHENIRAMINE	15-1MG/5ML	ELIXIR	DIMETAPP	0.01800

Generic Drug Name	Strength	DESC	Sample Brand Name	SMAC
PHENYLEPHRINE HCL/PROMETH HCL	5-6.26MG/5ML	SYRUP	PHENERGAN VC	0.06500
PHENYLEPHRINE/CHLOR-TAN	25-9MG	TABLET	RYNATAN	0.70000
PHENYLEPHRINE/CHLOR-MAL	10MG-4MG	TABLET	SINUS & ALLERGY PE	0.07500
PHENYLEPHRINE/BROMPHENIRAMINE	2.5-1MG/5ML	SOLUTION	DIMETAPP	0.02000
PHENYLEPHRINE/BROMPHENIRAMINE	2.5-1MG/5ML	TAB CHEW	DIMETAPP	0.20000
PHENYLEPHRINE/CHLOR-MAL	2MG-1MG/ML	DROPS	DALLERGY	0.55000
PSEUDOEPHEDRINE HCL/LORATADINE	240MG-10MG	TABLET	CLARITIN D 24 HOUR	0.60000

\*coverage is limited to generic products only

MC6 forms for brand medications will be denied